PREFIX MUST BE PREC ID: S 0000 INITIAL COMMENT This report is the	E CENTER MENT OF DEFICIENCIES (EACH DE PEEDED BY FULL REGULATORY OF DENTIFYING INFORMATION)	Suite 255 MECHANICS	OLOGY PAI	RKWAY MOB #2	OULD BE	(X5) COMPLETE DATE
PREFIX MUST BE PREC ID: S 0000 INITIAL COMMENT This report is the	EEDED BY FULL REGULATORY OF		PREFIX TAG	CORRECTIVE ACTION SHO	OULD BE	COMPLETE
This report is the			S 0000			
2023, at UPMC. Center. It was d in compliance w Pennsylvania De Rules and Regul Care Facilities, A IV, Subparts A a	This report is the result of a State licensure survey conducted on March 2023, at UPMC Pinnacle Procedure Center. It was determined the facilit in compliance with the requirements Pennsylvania Department of Health's Rules and Regulations for Ambulato Care Facilities, Annex A, Title 28, P IV, Subparts A and F, Chapters 551-November 1999.					
LABORATORY DIRECTOR'S OR PROVIDER/SU	JPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE:	(X6) DATE:	

State Form UDKD11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

UPMC PINNACLE PROCEDURE CENTER

STATE LICENSE NUMBER: 23821501 SURVEY EXIT DATE: 03/29/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY